

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From ► 12 0 1 17 (MM/DD/YY)				To ► 12 3 1 17 (MM/DD/YY)		
<b>PART I</b> Payee Information						
2 Taxpayer Identification Number ► 2 6 2 5 7 1 6 6 4 0 0 0						
3 Payee's Name ► SHERILYN V. PINPIN-ARCA						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Daang Amaya I, Tanza, Cavite						
5 Foreign Address ►						
4A Zip Code ►						
5A Zip Code ►						
Payor Information						
6 Taxpayer Identification Number ► 0 0 1 8 9 8 7 0 5 0 0 0 0						
7 Payor's Name ► TANZA WATER DISTRICT						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite						
8A Zip Code ► 4 1 0 8						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WI010			50,000.00	50,000.00	5,000.00
Total						
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period		From ► 0 1   0 1   1 7 (MM/DD/YY)	To ► 0 1   3 1   1 7 (MM/DD/YY)		
Part I Payee Information					
2 Taxpayer Identification Number ► 2 5 3   2 1 9   4 7 1   0 0 0					
3 Payee's Name ► GSD SYSTEM WATER-HEALTH ENTERPRISE (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address ► B16 L16 Josua St., Brgy. Sto. Domingo, Bay, Laguna			4A Zip Code ► _____		
5 Foreign Address ► _____			5A Zip Code ► _____		
Payor Information					
6 Taxpayer Identification Number ► 0 0 1   8 9 8   7 0 5   0 0 0					
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address ► A. Soriano Highway, Tanza, Cavite			8A Zip Code ► 4 1 0 8		
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC 157	60,000.00			60,000.00
Total		60,000.00	-		60,000.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					535.71
Total					535.71
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	MELANIE P. BOBADILLA	10	Division Manager - B ACMD		
Payor/Payee's Authorized Representative (Signature Over Printed Name)		Title/Position of Signatory			
Conforme:					
Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period From ► 04   0   1   17   (MM/DD/YY)		To ► 06   30   17   (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number	► 2 7 6   9 0 7   1 3 6   0 0 0				
3 Payee's Name	► VITONIO, ROMMEL S.				
4 Registered Address	► Tanza, Cavite				
5 Foreign Address	► _____				
4A Zip Code ► _____					
5A Zip Code ► _____					
Payor Information					
6 Taxpayer Identification Number	► 0 0 1   8 9 8   7 0 5   0 0 0				
7 Payor's Name	► TANZA WATER DISTRICT				
8 Registered Address	► A. Soriano Highway, Tanza, Cavite				
8A Zip Code ► 4   1   0   8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	6,552.00	6,384.00	7,728.00	20,664.00
					413.28
Total		6,552.00	6,384.00	7,728.00	20,664.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					413.28
Total					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	MELANIE P. BOBADILLA <i>m. bobadilla</i> Payor/Payor's Authorized Representative (Signature Over Printed Name)	10	Division Manager B - ACMD Title/Position of Signatory		
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period From ► 01   0   1   17   (MM/DD/YY)		To ► 03   31   17   (MM/DD/YY)				
Payee Information						
2 Taxpayer Identification Number ► 2 7 6   9 0 7   1 3 6   0 0 0						
3 Payee's Name ► VITONIO, ROMMEL S.						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Tanza, Cavite						
5 Foreign Address ►						
4A Zip Code ►						
5A Zip Code ►						
Payor Information						
6 Taxpayer Identification Number ► 0 0 1   8 9 8   7 0 5   0 0 0						
7 Payor's Name ► TANZA WATER DISTRICT						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite						
8A Zip Code ► 4   1   0   8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,888.00	6720.00	7,392.00	21,000.00	420.00
Total		6,888.00	6,720.00	7,392.00	21,000.00	420.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA			10	Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)				Title/Position of Signatory		
Conforme:						
Payee/Payee's Authorized Representative (Signature Over Printed Name)				Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period From <span style="border: 1px solid black; padding: 2px;">04 01 17</span> (MM/DD/YY)		To <span style="border: 1px solid black; padding: 2px;">06 30 17</span> (MM/DD/YY)	Payee Information			
<b>Part I</b>						
2 Taxpayer Identification Number	<span style="border: 1px solid black; padding: 2px;">4 1 5 5 3 3 7 0 6 0 0 0</span>					
3 Payee's Name	<b>VILLEGAS, MARCELO N. JR.</b>					
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
4A Zip Code <span style="border: 1px solid black; padding: 2px;"></span>						
5A Zip Code <span style="border: 1px solid black; padding: 2px;"></span>						
Payor Information						
6 Taxpayer Identification Number	<span style="border: 1px solid black; padding: 2px;">0 0 1 8 9 8 7 0 5 0 0 0</span>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code <span style="border: 1px solid black; padding: 2px;">4 1 0 8</span>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	5,712.00	9,690.24	22,458.24	449.17
Total		7,056.00	5,712.00	9,690.24	22,458.24	449.17
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD			
Payor/Payor's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory			
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From	0 1   0 1   1 7	(MM/DD/YY)	To	0 3   3 1   1 7	(MM/DD/YY)		
Part I Payee Information							
2 Taxpayer Identification Number	4 1 5   5 3 3   7 0 6   0 0 0						
3 Payee's Name	VILLEGAS, MARCELO N. JR.						
4 Registered Address	Tanza, Cavite					4A Zip Code	
5 Foreign Address						5A Zip Code	
Payor Information							
6 Taxpayer Identification Number	0 0 1   8 9 8   7 0 5   0 0 . 0						
7 Payor's Name	TANZA WATER DISTRICT						
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		
	WC640	6,552.00	6,552.00	7,728.00	20,832.00	416.64	
Total		6,552.00	6,552.00	7,728.00	20,832.00	416.64	
Money Payments Subject to Withholding of Business Tax (Government & Private)							
Total							
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>							
Conforme:				Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 04   01   17 (MM/DD/YY)		To ► 06   30   17 (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number ► 231   007   982   000					
3 Payee's Name ► RODRIGUEZ, ROSALINA D. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address ► Tanza, Cavite					
5 Foreign Address ►					
4A Zip Code ►					
5A Zip Code ►					
Payor Information					
6 Taxpayer Identification Number ► 001   898   705   0000					
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address ► A. Soriano Highway, Tanza, Cavite					
8A Zip Code ► 4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	6,048.00	6,384.00	7,215.60	19,647.60
Total		6,048.00	6,384.00	7,215.60	19,647.60
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD		
Payor/Payor's Authorized Representative (Signature Over Printed Name)		Title/Position of Signatory			
Conforme:					
Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period		From <b>01 01 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number		<b>231 007 982 000</b>				
3 Payee's Name		<b>RODRIGUEZ, ROSALINA D.</b>				
4 Registered Address		Tanza, Cavite				
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number		<b>001 898 705 000</b>				
7 Payor's Name		<b>TANZA WATER DISTRICT</b>				
8 Registered Address		A. Soriano Highway, Tanza, Cavite				
8A Zip Code <b>4108</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6377.70	7,392.00	20,321.70	406.43
Total		6,552.00	6,377.70	7,392.00	20,321.70	406.43
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed			



# Certificate of Creditable Tax Withheld At Source

1 For the Period From <b>04 01 17</b> (MM/DD/YY)				To <b>06 30 17</b> (MM/DD/YY)				
Part I Payee Information								
2 Taxpayer Identification Number	<b>231 007 982 000</b>							
3 Payee's Name	<b>RODRIGUEZ, ROSALINA D.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address	<b>Tanza, Cavite</b>					4A Zip Code	<b> </b>	
5 Foreign Address						5A Zip Code	<b> </b>	
Payor Information								
6 Taxpayer Identification Number	<b>001 898 705 0000</b>							
7 Payor's Name	<b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					8A Zip Code	<b>4 1 0 8</b>	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter								
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total			
	WC640	6,048.00	6384.00	7,215.60	19,647.60	392.95		
<b>Total</b>		<b>6,048.00</b>	<b>6,384.00</b>	<b>7,215.60</b>	<b>19,647.60</b>	<b>392.95</b>		
Money Payments Subject to Withholding of Business Tax (Government & Private)								
<b>Total</b>								
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>								
<p>Conforme:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Payee/Payee's Authorized Representative Signature Over Printed Name</td> <td style="width: 50%;">Date Signed</td> </tr> </table>							Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed							



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 30 17</b> (MM/DD/YY)				
<b>Part I</b>						
2 Taxpayer Identification Number <b>479 945 087 000</b>						
3 Payee's Name <b>REAL, MARJORIE ANN P.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
6A Zip Code <b></b>						
5A Zip Code <b></b>						
<b>Payor Information</b>						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4108</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Total	WC640	6,048.00	6,384.00	7,728.00	20,160.00	403.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>01 01 17</b> (MM/DD/YY)				To <b>03 31 17</b> (MM/DD/YY)		
Part I Payee Information						
2 Taxpayer Identification Number <b>479 945 087 000</b>						
3 Payee's Name <b>REAL, MARJORIE ANN P.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4108</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,384.00	6384.00	6,321.00	19,089.00	381.78
<b>Total</b>		<b>6,384.00</b>	<b>6,384.00</b>	<b>6,321.00</b>	<b>19,089.00</b>	<b>381.78</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:				Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawayahan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 30 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number <b>218 433 964 000</b>						
3 Payee's Name <b>RANCE, RAMON RODOLFO H.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b> 8A Zip Code <b>4 1 0 8</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,167.08	3,474.00	6,774.28	18,415.36	368.31
<b>Total</b>		<b>8,167.08</b>	<b>3,474.00</b>	<b>6,774.28</b>	<b>18,415.36</b>	<b>368.31</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct.          pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
<p>Conforme:</p> <p>Payee/Payee's Authorized Representative Signature Over Printed Name</p> <p>Date Signed</p>						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawayahan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From	01 01 17	(MM/DD/YY)	To	03 31 17	(MM/DD/YY)	
Payee Information						
Part I						
2 Taxpayer Identification Number	218 433 964 000					
3 Payee's Name	RANCE, RAMON RODOLFO H. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	001 898 705 0000					
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code	4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,592.00	8,678.00	10,290.00	26,560.00	531.20
Total		7,592.00	8,678.00	10,290.00	26,560.00	531.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA <i>m.p.bobadilla</i> Payor/Payee's Authorized Representative (Signature Over Printed Name)	10	Division Manager B - ACMD Title/Position of Signatory			
Conforme:			Date Signed			
Payee/Payee's Authorized Representative Signature Over Printed Name						



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 01   01   17 (MM/DD/YY)				To ► 03   31   17 (MM/DD/YY)		
Part I Payee Information						
2 Taxpayer Identification Number ► 000   000   000   000						
3 Payee's Name ► RAMOS, ANDRIANO S. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Tanza, Cavite						
5 Foreign Address ►						
Payor Information						
6 Taxpayer Identification Number ► 0,01   898   705   0000						
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite						
8A Zip Code ► 4   1   0   8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	9,408.00	8,736.00	11,256.00	29,400.00	588.00
Total		9,408.00	8,736.00	11,256.00	29,400.00	588.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

**BIR Form No.**  
**2307**  
March 2003 (ENCS)

1 For the Period From		► 04 0 1 17	(MM/DD/YY)	To	► 06 30 17	(MM/DD/YY)
Part I Payee Information						
2 Taxpayer Identification Number	► 000 000 000 000					
3 Payee's Name	► RAMOS, ANDRIANO S.					
4 Registered Address	► Tanza, Cavite			4A Zip Code		► [ ]
5 Foreign Address	► [ ]			5A Zip Code		► [ ]
Payor Information						
6 Taxpayer Identification Number	► 0 0 1 8 9 8 7 0 5 0 0 0 0					
7 Payor's Name	► TANZA WATER DISTRICT					
8 Registered Address	► A. Soriano Highway, Tanza, Cavite			8A Zip Code		► 4 1 0 8
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,484.00	8904.00	11,256.00	28,644.00	572.88
Total		8,484.00	8,904.00	11,256.00	28,644.00	572.88
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p>						
9	Payor/Payee's Authorized Representative (Signature Over Printed Name)			10	Division Manager B - ACMD	
				Title/Position of Signatory		
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 30 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number	<b>4 7 9 5 7 9 7 4 5 0 0 0</b>					
3 Payee's Name	<b>PORCIONCULA, ALWYN T.</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	<b>Tanza, Cavite</b>					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					
8A Zip Code	<b>4 1 0 8</b>					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,553.00	7,692.00	8,732.00	23,977.00	479.54
Total		7,553.00	7,692.00	8,732.00	23,977.00	479.54
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>Melanie P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>01 01 17</b> (MM/DD/YY)		To <b>03 31 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number <b>479 579 745 000</b>						
3 Payee's Name <b>PORCIONCULA, ALWYN T.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
6A Zip Code <b></b>						
5A Zip Code <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4108</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,070.00	6,820.00	8,968.00	22,858.00	457.16
Total		7,070.00	6,820.00	8,968.00	22,858.00	457.16
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 _____ Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>10 _____ Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period From ► 04   0   1   17   (MM/DD/YY)		To ► 06   31   17   (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number ► 186   216   220   000						
3 Payee's Name ► PITONG, REYNALDO C. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Tanza, Cavite						
5 Foreign Address ►						
4A Zip Code ►						
5A Zip Code ►						
Payor Information						
6 Taxpayer Identification Number ► 001   898   705   000						
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite						
8A Zip Code ► 4   1   0   8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,246.00	7356.00	10,094.00	25,696.00	513.92
Total		8,246.00	7,356.00	10,094.00	25,696.00	513.92
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 MELANIE P. BOBADILLA Signature Over Printed Name</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p> <p>Payor/Payor's Authorized Representative (Signature Over Printed Name)</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed	



# Certificate of Creditable Tax Withheld At Source

1 For the Period From ► 01   01   17 (MM/DD/YY)		To ► 03   31   17 (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number	► 186   216   220   000				
3 Payee's Name	► PITONG, REYNALDO C.				
4 Registered Address	► Tanza, Cavite				
5 Foreign Address	►				
Payor Information					
6 Taxpayer Identification Number	► 001   898   705   0000				
7 Payor's Name	► TANZA WATER DISTRICT				
8 Registered Address	► A. Soriano Highway, Tanza, Cavite				
8A Zip Code ► 4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	7,974.00	7188.00	9,304.00	24,466.00
Total		7,974.00	7,188.00	9,304.00	24,466.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					489.32
Total					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	MELANIE P. BOBADILLA		10 Division Manager B - ACMD		
Payor/Payor's Authorized Representative (Signature Over Printed Name)					Title/Position of Signatory
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 0 4   0 1   1 7 (MM/DD/YY)		To ► 0 6   3 0   1 7 (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number ► 4 0 3   4 0 8   3 8 9   0 0 0					
3 Payee's Name ► PERLAS, XYRUS ANJELO		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address ► Tanza, Cavite		4A Zip Code ►			
5 Foreign Address ►		5A Zip Code ►			
Payor Information					
6 Taxpayer Identification Number ► 0 0 1   8 9 8   7 0 5   0 0 0					
7 Payor's Name ► TANZA WATER DISTRICT		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address ► A. Soriano Highway, Tanza, Cavite		8A Zip Code ► 4 1 0 8			
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	6,552.00	6,197.52	7,544.04	20,293.56
Total		6,552.00	6,197.52	7,544.04	20,293.56
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 <i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 <b>Division Manager B - ACMD</b> Title/Position of Signatory</p>					
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed



# Certificate of Creditable Tax Withheld At Source

1 For the Period From	01 01 17	(MM/DD/YY)	To	03 31 17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number	4 0 3 4 0 8 3 8 9 0 0 0					
3 Payee's Name	PERLAS, XYRUS ANJELO					
4 Registered Address	Tanza, Cavite				4A Zip Code	
5 Foreign Address					5A Zip Code	
Payor Information						
6 Taxpayer Identification Number	0 0 1 8 9 8 7 0 5 0 0 0					
7 Payor's Name	TANZA WATER DISTRICT					
8 Registered Address	A. Soriano Highway, Tanza, Cavite				8A Zip Code	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	5,844.30	6,384.00	7,727.58	19,955.88	399.12
Total		5,844.30	6,384.00	7,727.58	19,955.88	399.12
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



# Certificate of Creditable Tax Withheld At Source

1 For the Period From	04 01 17	(MM/DD/YY)	To	06 30 17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number	281 711 814 000					
3 Payee's Name	NOVIO, RYAN I.					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	Tanza, Cavite					4A Zip Code
5 Foreign Address						5A Zip Code
Payor Information						
6 Taxpayer Identification Number	001 898 705 000					
7 Payor's Name	TANZA WATER DISTRICT					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	7560.00	9,723.00	24,339.00	486.78
Total		7,056.00	7,560.00	9,723.00	24,339.00	486.78
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period		From ► 04   01   17 (MM/DD/YY)	To ► 06   31   17 (MM/DD/YY)			
Part I Payee Information						
2 Taxpayer Identification Number		► 000 000 000 000				
3 Payee's Name		► MESTIZO, REYMON J. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address		► Tanza, Cavite				
5 Foreign Address		►				
Payor Information						
6 Taxpayer Identification Number		► 001 898 705 0000				
7 Payor's Name		► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address		► A. Soriano Highway, Tanza, Cavite				
8A Zip Code ► 4 1 0 8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	7392.00	10,087.14	24,535.14	490.70
Total		7,056.00	7,392.00	10,087.14	24,535.14	490.70
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 <i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:				Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 01   01   17 (MM/DD/YY)		To ► 03   31   17 (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number ► 000   000   000   000						
3 Payee's Name ► MESTIZO, REYMON J. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Tanza, Cavite		4A Zip Code ► _____				
5 Foreign Address ► _____		5A Zip Code ► _____				
Payor Information						
6 Taxpayer Identification Number ► 0,01   898   705   0000						
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite		8A Zip Code ► 4   1   0   8				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6720.00	7,958.58	21,230.58	424.61
Total		6,552.00	6,720.00	7,958.58	21,230.58	424.61
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:				Payee/Payee's Authorized Representative Signature Over Printed Name		
				Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)				To <b>06 30 17</b> (MM/DD/YY)		
Part I Payee Information						
2 Taxpayer Identification Number <b>408 444 857 000</b>						
3 Payee's Name <b>MACALLA, ROMMEL V.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
4A Zip Code <b></b>						
5A Zip Code <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4 1 0 8</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	6,888.00	10,024.14	23,968.14	479.36
<b>Total</b>		<b>7,056.00</b>	<b>6,888.00</b>	<b>10,024.14</b>	<b>23,968.14</b>	<b>479.36</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p>						10
						Division Manager B - ACMD
						Title/Position of Signatory
Conforme:						Date Signed
Payee/Payee's Authorized Representative Signature Over Printed Name						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From ► 01   01   17   (MM/DD/YY)	To ► 03   31   17   (MM/DD/YY)							
Part I Payee Information								
2 Taxpayer Identification Number ► 408   444   857   000								
3 Payee's Name ► MACALLA, ROMMEL V.	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address ► Tanza, Cavite	4A Zip Code ►							
5 Foreign Address ►	5A Zip Code ►							
Payor Information								
6 Taxpayer Identification Number ► 001   898   705   000								
7 Payor's Name ► TANZA WATER DISTRICT	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
8 Registered Address ► A. Soriano Highway, Tanza, Cavite	8A Zip Code ► 4   1   0   8							
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter								
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total			
	WC640	6,552.00	6720.00	8,232.00	21,504.00	430.08		
Total		6,552.00	6,720.00	8,232.00	21,504.00	430.08		
Money Payments Subject to Withholding of Business Tax (Government & Private)								
Total								
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>								
<p>Conforme:</p> <table border="1"> <tr> <td>Payee/Payee's Authorized Representative Signature Over Printed Name</td> <td>Date Signed</td> </tr> </table>							Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed							



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <span style="border: 1px solid black; padding: 2px;">04 01 17</span> (MM/DD/YY)	To <span style="border: 1px solid black; padding: 2px;">06 30 17</span> (MM/DD/YY)		
Part I Payee Information					
2 Taxpayer Identification Number	<span style="border: 1px solid black; padding: 2px;">130 850 492 000</span>				
3 Payee's Name	<span style="border: 1px solid black; padding: 2px;">LEGASPI, FREDDIE M.</span> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	<span style="border: 1px solid black; padding: 2px;">Tanza, Cavite</span>				
5 Foreign Address	<span style="border: 1px solid black; padding: 2px;"></span>				
Payor Information					
6 Taxpayer Identification Number	<span style="border: 1px solid black; padding: 2px;">001 898 705 000</span>				
7 Payor's Name	<span style="border: 1px solid black; padding: 2px;">TANZA WATER DISTRICT</span> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address	<span style="border: 1px solid black; padding: 2px;">A. Soriano Highway, Tanza, Cavite</span>				
8A Zip Code <span style="border: 1px solid black; padding: 2px;">4108</span>					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	6,766.00	7338.00	9,780.02	23,884.02
					477.68
Total		6,766.00	7,338.00	9,780.02	23,884.02
Money Payments Subject to Withholding of Business Tax (Government & Private)		.	.	.	.
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>					
Conforme:			Date Signed		
Payee/Payee's Authorized Representative Signature Over Printed Name					



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 30 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number	<b>301 013 754 000</b>					
3 Payee's Name	<b>LARA, JULIO V.</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	<b>Tanza, Cavite</b>					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	<b>001 898 705 0000</b>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					
8A Zip Code	<b>4 1 0 8</b>					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6,384.00	7,560.00	20,496.00	409.92
Total		6,552.00	6,384.00	7,560.00	20,496.00	409.92
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD			
Payor/Payee's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory			
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed			



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From	0 1	0 1	1 7	(MM/DD/YY)	To	0 3	3 1	1 7	(MM/DD/YY)
Part I Payee Information									
2 Taxpayer Identification Number	3 0 1	0 1 3	7 5 4	0 0 0					
3 Payee's Name	LARA, JULIO V.								
4 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)								
	Tanza, Cavite								
5 Foreign Address									
Payor Information									
6 Taxpayer Identification Number	0 0 1	8 9 8	7 0 5	0 0 0					
7 Payor's Name	TANZA WATER DISTRICT								
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)								
	A. Soriano Highway, Tanza, Cavite								
8A Zip Code	4 1 0 8								
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter									
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter			
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total				
	WC640	6,552.00	7224.00	7,728.00	21,504.00	430.08			
Total		6,552.00	7,224.00	7,728.00	21,504.00	430.08			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total									
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.									
9	melanie p. bobadilla MELANIE P. BOBADILLA			10	Division Manager B - ACMD				
Payor/Payor's Authorized Representative (Signature Over Printed Name)					Title/Position of Signatory				
Conforme:									
Payee/Payee's Authorized Representative (Signature Over Printed Name)					Date Signed				

# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From	01 01 17	(MM/DD/YY)	To	03 31 17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number	000 000 000 000					
3 Payee's Name	JOYA, VIRGILIO C. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	001 898 705 0000					
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code 4 1 0 8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	5,040.00	25,200.00	2520.00
Total		10,080.00	10,080.00	5,040.00	25,200.00	2,520.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct,          pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 _____ 10 _____  <b>MELANIE P. BOBADILLA</b>          Payor/Payor's Authorized Representative          (Signature Over Printed Name)</p> <p>Division Manager B - ACMD          Title/Position of Signatory</p> <p>Conforme: _____ Date Signed _____          Payee/Payee's Authorized Representative          Signature Over Printed Name</p>						



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1. For the Period From	01   01   17 (MM/DD/YY)	To	03   31   17 (MM/DD/YY)		
Payee Information					
Part I					
2 Taxpayer Identification Number	000   000   000   000				
3 Payee's Name	JOYA, ESTERITA M. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	Tanza, Cavite				
5 Foreign Address					
Payor Information					
6 Taxpayer Identification Number	001   898   705   000				
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address	A. Soriano Highway, Tanza, Cavite				
8A Zip Code 4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	6,048.00	6437.34	7,250.04	19,735.38
Total		6,048.00	6,437.34	7,250.04	19,735.38
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 _____ 10 _____</p> <p>MELANIE P. BOBADILLA</p> <p>Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>					
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	

# Certificate of Creditable Tax Withheld At Source

**2307**  
March 2003 (ENCS)

1 For the Period From ► 04   0   1   17 (MM/DD/YY)		To ► 06   31   17 (MM/DD/YY)			
Payee Information					
Part I					
2 Taxpayer Identification Number ► 000   000   000   000					
3 Payee's Name ► JOYA, ESTERITA M. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address ► Tanza, Cavite					
5 Foreign Address ►					
4A Zip Code ► _____ 5A Zip Code ► _____					
Payor Information					
6 Taxpayer Identification Number ► 0 0 1   8 9 8   7 0 5   0 0 0					
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address ► A. Soriano Highway, Tanza, Cavite					
8A Zip Code ► 4   1   0   8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	5,644.38	6,258.00	5,376.00	17,278.38
Total		5,644.38	6,258.00	5,376.00	17,278.38
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 _____ 10 _____</p> <p>MELANIE P. BOBADILLA Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>Division Manager B - ACMD Title/Position of Signatory</p> <p>Conforme: _____ Date Signed Payee/Payee's Authorized Representative Signature Over Printed Name</p>					



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From	01 01 17	(MM/DD/YY)	To	03 31 17	(MM/DD/YY)		
Payee Information							
Part I							
2 Taxpayer Identification Number	000 000 000 000						
3 Payee's Name	IBAS, JORAIZAL I.						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address	Tanza, Cavite					4A Zip Code	
5 Foreign Address						5A Zip Code	
Payor Information							
6 Taxpayer Identification Number	001 898 705 0000						
7 Payor's Name	TANZA WATER DISTRICT						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		
	WC640	6,048.00	6384.00	672.00	13,104.00	262.08	
Total		6,048.00	6,384.00	672.00	13,104.00	262.08	
Money Payments Subject to Withholding of Business Tax (Government & Private)							
Total							
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>m.p. bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 _____ Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 _____ Division Manager B - ACMD Title/Position of Signatory</p>							
Conforme:				Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period From	0 1   0 1   1 7	(MM/DD/YY)	To	0 3   3 1   1 7	(MM/DD/YY)	
Payee Information						
Part I						
2 Taxpayer Identification Number	2 7 1   9 6 1   6 1 9   0 0 0					
3 Payee's Name	HONRADA, ARMAN G.					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	0 0 1   8 9 8   7 0 5   0 0 0					
7 Payor's Name	TANZA WATER DISTRICT					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code	4 1 0 8					
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,742.00	7,070.00	9,404.78	24,216.78	484.33
Total		7,742.00	7,070.00	9,404.78	24,216.78	484.33
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p> <p>9 _____ 10 _____</p> <p>Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period From	04 01 17	(MM/DD/YY)	To	06 30 17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number	271 961 619 000					
3 Payee's Name	HONRADA, ARMAN G.					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	001 898 705 0000					
7 Payor's Name	TANZA WATER DISTRICT					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code 4 1 0 8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,810.00	7,238.00	9,522.00	24,570.00	491.40
Total		7,810.00	7,238.00	9,522.00	24,570.00	491.40
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA 9 _____ Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>10 _____ Division Manager B - ACMD Title/Position of Signatory</p> <p>Conforme: _____ Payee/Payee's Authorized Representative Signature Over Printed Name _____ Date Signed _____</p>						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From	10 01 17	(MM/DD/YY)	To	12 30 17	(MM/DD/YY)	
Payee Information						
Part I						
2 Taxpayer Identification Number	131 901 673 000					
3 Payee's Name	HERNANDEZ, NAPOLEON B. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	001 898 705 0000					
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code	4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 _____ Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 _____ Division Manager B - ACMD Title/Position of Signatory</p> <p>Conforme: _____ Payee/Payee's Authorized Representative Signature Over Printed Name</p> <p>_____ Date Signed</p>						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From	07 01 17	(MM/DD/YY)	To	09 30 17	(MM/DD/YY)	
Payee Information						
Part I						
2 Taxpayer Identification Number	131 646 505 000					
3 Payee's Name	HERNANDEZ, NAPOLEON B. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	001 898 705 0000					
7 Payor's Name	TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code	4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3,024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 _____ 10 _____</p> <p>MELANIE P. BOBADILLA</p> <p>Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From	► 0 4   0 1   1 7	(MM/DD/YY)	To	► 0 6   3 0   1 7	(MM/DD/YY)	
Payee Information						
Part I						
2 Taxpayer Identification Number	► 1 3 1   6 4 6   5 0 5   0 0 0					
3 Payee's Name	► HERNANDEZ, NAPOLEON B.					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	► Tanza, Cavite					4A Zip Code ►
5 Foreign Address						5A Zip Code ►
Payor Information						
6 Taxpayer Identification Number	► 0 0 1   8 9 8   7 0 5   0 0 0					
7 Payor's Name	► TANZA WATER DISTRICT					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	► A. Soriano Highway, Tanza, Cavite					8A Zip Code ► 4 1 0 8
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 _____ 10 _____</p> <p>MELANIE P. BOBADILLA</p> <p>Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	





# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 0 1   0 1   1 7 (MM/DD/YY)				To ► 0 3   3 1   1 7 (MM/DD/YY)				
Part I Payee Information								
2 Taxpayer Identification Number	► 4 1 3   3 8 9   0 4 1   0 0 0							
3 Payee's Name	► GREGORIO, TERESITA P. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address	► Tanza, Cavite						4A Zip Code	►
5 Foreign Address	►						5A Zip Code	►
Payor Information								
6 Taxpayer Identification Number	► 0 0 1   8 9 8   7 0 5   0 0 0							
7 Payor's Name	► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
8 Registered Address	► A. Soriano Highway, Tanza, Cavite						8A Zip Code	► 4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter								
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total			
	WC640	6,216.00	6,384.00	7,224.00	19,824.00	396.48		
Total		6,216.00	6,384.00	7,224.00	19,824.00	396.48		
Money Payments Subject to Withholding of Business Tax (Government & Private)								
Total								
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 _____ Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>10 _____ Division Manager B - ACMD Title/Position of Signatory</p>								
Conforme:								
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed				



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 31 17</b> (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number	<b>413 389 041 000</b>				
3 Payee's Name	<b>GREGORIO, TERESITA P.</b>				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	<b>Tanza, Cavite</b>		4A Zip Code	<b> </b>	
5 Foreign Address	<b> </b>		5A Zip Code	<b> </b>	
Payor Information					
6 Taxpayer Identification Number	<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>				
7 Payor's Name	<b>TANZA WATER DISTRICT</b>				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>		8A Zip Code	<b>4 1 0 8</b>	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	5,376.00	4,467.54	7,392.00	17,235.54
Total		5,376.00	4,467.54	7,392.00	17,235.54
Money Payments Subject to Withholding of Business Tax (Government & Private)		. . .			
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>m. bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>					
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period From <span style="border: 1px solid black; padding: 2px;">01 01 17</span> (MM/DD/YY)		To <span style="border: 1px solid black; padding: 2px;">03 31 17</span> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number	<span style="border: 1px solid black; padding: 2px;">282 607 982 000</span>					
3 Payee's Name	<span style="border: 1px solid black; padding: 2px;">GONZALES, RAFFY V.</span>					
4 Registered Address	<span style="border: 1px solid black; padding: 2px;">Tanza, Cavite</span>					
5 Foreign Address	<span style="border: 1px solid black; padding: 2px;"></span>					
4A Zip Code	<span style="border: 1px solid black; padding: 2px;"></span>					
5A Zip Code	<span style="border: 1px solid black; padding: 2px;"></span>					
Payor Information						
6 Taxpayer Identification Number	<span style="border: 1px solid black; padding: 2px;">001 898 705 0000</span>					
7 Payor's Name	<span style="border: 1px solid black; padding: 2px;">TANZA WATER DISTRICT</span>					
8 Registered Address	<span style="border: 1px solid black; padding: 2px;">A. Soriano Highway, Tanza, Cavite</span>					
8A Zip Code	<span style="border: 1px solid black; padding: 2px;">4 1 0 8</span>					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	<span style="border: 1px solid black; padding: 2px;">6,888.00</span>	<span style="border: 1px solid black; padding: 2px;">6,888.00</span>	<span style="border: 1px solid black; padding: 2px;">7,728.00</span>	<span style="border: 1px solid black; padding: 2px;">21,504.00</span>	<span style="border: 1px solid black; padding: 2px;">430.08</span>
Total		<span style="border: 1px solid black; padding: 2px;">6,888.00</span>	<span style="border: 1px solid black; padding: 2px;">6,888.00</span>	<span style="border: 1px solid black; padding: 2px;">7,728.00</span>	<span style="border: 1px solid black; padding: 2px;">21,504.00</span>	<span style="border: 1px solid black; padding: 2px;">430.08</span>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	<i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b>			10	Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)				Title/Position of Signatory		
Conforme:						
Payee/Payee's Authorized Representative (Signature Over Printed Name)				Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>01 01 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)			
Part I Payee Information						
2 Taxpayer Identification Number		<b>2 9 1 2 4 1 9 3 3 0 0 0</b>				
3 Payee's Name		<b>GEONZON, MELVIN D.</b>				
4 Registered Address		<b>Tanza, Cavite</b>				4A Zip Code <b> </b>
5 Foreign Address		<b> </b>				5A Zip Code <b> </b>
Payor Information						
6 Taxpayer Identification Number		<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>				
7 Payor's Name		<b>TANZA WATER DISTRICT</b>				
8 Registered Address		<b>A. Soriano Highway, Tanza, Cavite</b>				8A Zip Code <b>4 1 0 8</b>
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,720.00	6552.00	7,728.00	21,000.00	420.00
Total		6,720.00	6,552.00	7,728.00	21,000.00	420.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____ Division Manager B - ACMD Title/Position of Signatory</p> <p>Conforme: _____ Payee/Payee's Authorized Representative Signature Over Printed Name _____ Date Signed _____</p>						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From	0 4	0 1	1 7	(MM/DD/YY)	To	0 6	3 0	1 7	(MM/DD/YY)
Part I Payee Information									
2 Taxpayer Identification Number	2 9 1	2 4 1	9 3 3	0 0 0					
3 Payee's Name	GEONZON, MELVIN D.								
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
4 Registered Address	Tanza, Cavite					4A Zip Code			
5 Foreign Address						5A Zip Code			
Payor Information									
6 Taxpayer Identification Number	0 0 1	8 9 8	7 0 5	0 0 0					
7 Payor's Name	TANZA WATER DISTRICT								
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code	4 1 0 8		
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter									
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter			
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total				
	WC640	7,056.00	7392.00	10,591.14	25,039.14	500.78			
Total		7,056.00	7,392.00	10,591.14	25,039.14	500.78			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total									
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>Melanie P. Bobadilla</i> MELANIE P. BOBADILLA</p>									
9	Payor/Payee's Authorized Representative (Signature Over Printed Name)				10	Division Manager B - ACMD Title/Position of Signatory			



# Certificate of Creditable Tax Withheld At Source

1 For the Period From ► 01   01   17 (MM/DD/YY)				To ► 03   31   17 (MM/DD/YY)			
Part I Payee Information							
2 Taxpayer Identification Number	► [ ] [ ] [ ] [ ]						
3 Payee's Name	► GATDULA, ROGELIO S. JR.						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address	► Tanza, Cavite						4A Zip Code ► [ ] [ ] [ ]
5 Foreign Address	► [ ]						5A Zip Code ► [ ] [ ] [ ]
Payor Information							
6 Taxpayer Identification Number	► 0 0 1   8 9 8   7 0 5   0 0 0						
7 Payor's Name	► TANZA WATER DISTRICT						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
8 Registered Address	► A. Soriano Highway, Tanza, Cavite						8A Zip Code ► 4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		
	WC640	6,384.00	6720.00	7,392.00	20,496.00	409.92	
Total		6,384.00	6,720.00	7,392.00	20,496.00	409.92	
Money Payments Subject to Withholding of Business Tax (Government & Private)							
Total							
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.							
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD				
Payor/Payee's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory				
Conforme:							
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed			



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>04 01 17</b> (MM/DD/YY)	To <b>06 30 17</b> (MM/DD/YY)	Payee Information				
Part I								
2 Taxpayer Identification Number		<b>000 000 000 000</b>						
3 Payee's Name		<b>GATDULA, ROGELIO S. JR.</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)								
4 Registered Address		Tanza, Cavite						
5 Foreign Address								
Payor Information								
6 Taxpayer Identification Number		<b>001 898 705 0000</b>						
7 Payor's Name		<b>TANZA WATER DISTRICT</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)								
8 Registered Address		A. Soriano Highway, Tanza, Cavite						
8A Zip Code <b>4 1 0 8</b>								
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter								
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total			
	WC640	6,552.00	6,384.00	7,728.00	20,664.00	413.28		
<b>Total</b>		<b>6,552.00</b>	<b>6,384.00</b>	<b>7,728.00</b>	<b>20,664.00</b>	<b>413.28</b>		
Money Payments Subject to Withholding of Business Tax (Government & Private)								
<b>Total</b>								
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>								
<p>Conforme:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Payee/Payee's Authorized Representative Signature Over Printed Name</td> <td style="width: 50%;">Date Signed</td> </tr> </table>							Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed							



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From		04	01	17	(MM/DD/YY)	To	06	30	17	(MM/DD/YY)
Part I Payee Information										
2 Taxpayer Identification Number		246	670	650	000					
3 Payee's Name		DONES, ALEX F.								
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
4 Registered Address		Tanza, Cavite					4A Zip Code			
5 Foreign Address							5A Zip Code			
Payor Information										
6 Taxpayer Identification Number		001	898	705	0000					
7 Payor's Name		TANZA WATER DISTRICT								
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
8 Registered Address		A. Soriano Highway, Tanza, Cavite					8A Zip Code		4108	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter										
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter				
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total					
	WC640	7,056.00	7392.00	9,541.14	23,989.14	479.78				
Total		7,056.00	7,392.00	9,541.14	23,989.14	479.78				
Money Payments Subject to Withholding of Business Tax (Government & Private)										
Total										
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p>										
9	Payor/Payee's Authorized Representative (Signature Over Printed Name)	10	Division Manager B - ACMD							
		Title/Position of Signatory								



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From	10 0 1 17	(MM/DD/YY)	To	12 31 17	(MM/DD/YY)		
Part I Payee Information							
2 Taxpayer Identification Number	0 0 0 0 0 0 0 0						
3 Payee's Name	DEL ROSARIO, NELIA V.						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address	Tanza, Cavite					4A Zip Code	
5 Foreign Address						5A Zip Code	
Payor Information							
6 Taxpayer Identification Number	0 0 1 8 9 8 7 0 5 0 0 0 0						
7 Payor's Name	TANZA WATER DISTRICT						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3,024.00	
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00	
Money Payments Subject to Withholding of Business Tax (Government & Private)							
Total							
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>M. Bobadilla MELANIE P. BOBADILLA Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>Conforme:</p>							
9					10	Division Manager B - ACMD	
Payee/Payee's Authorized Representative (Signature Over Printed Name)				Title/Position of Signatory			
				Date Signed			



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

BIR Form No.

**2307**

March 2003 (ENCS)

# Certificate of Creditable Tax Withheld At Source

1 For the Period		From ► 07   01   17 (MM/DD/YY)	To ► 09   30   17 (MM/DD/YY)		
Part I Payee Information					
2 Taxpayer Identification Number	► 000 000 000 000				
3 Payee's Name	► DEL ROSARIO, NELIA V. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	► Tanza, Cavite		4A Zip Code ► _____		
5 Foreign Address	► _____		5A Zip Code ► _____		
Payor Information					
6 Taxpayer Identification Number	► 001 898 705 0000				
7 Payor's Name	► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address	► A. Soriano Highway, Tanza, Cavite		8A Zip Code ► 4 1 0 8		
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	10,080.00	10,080.00	10,080.00	30,240.00
Total		10,080.00	10,080.00	10,080.00	30,240.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	MELANIE P. BOBADILLA <i>m.p.bobadilla</i> Payor/Payee's Authorized Representative (Signature Over Printed Name)	10	Division Manager B - ACMD Title/Position of Signatory		
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From	0 4	0 1	1 7	(MM/DD/YY)	To	0 6	3 0	1 7	(MM/DD/YY)		
Part I Payee Information											
2 Taxpayer Identification Number	0 0 0	0 0 0	0 0 0	0 0 0							
3 Payee's Name	DEL ROSARIO, NELIA V.										
4 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
5 Foreign Address										4A Zip Code	
Payor Information											
6 Taxpayer Identification Number	0 0 1	8 9 8	7 0 5	0 0 0							
7 Payor's Name	TANZA WATER DISTRICT										
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
										8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3,024.00					
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total											
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA Payor/Payor's Authorized Representative (Signature Over Printed Name)</p>											
9					10	Division Manager B - ACMD					
					Title/Position of Signatory						
Conforme:											
Payee/Payee's Authorized Representative (Signature Over Printed Name)					Date Signed						



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>01 01 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)	Payee Information		
Part I						
2 Taxpayer Identification Number <b>000 000 000 000</b>						
3 Payee's Name <b>DEL ROSARIO, NELIA V.</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
4A Zip Code <b> </b>						
5 Foreign Address <b> </b>						
5A Zip Code <b> </b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4 1 0 8</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
<b>Total</b>		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From	0 1	0 1	1 7	(MM/DD/YY)	To	0 3	3 1	1 7	(MM/DD/YY)		
Part I Payee Information											
2 Taxpayer Identification Number	0 0 0	0 0 0	0 0 0	0 0 0							
3 Payee's Name	DE SILOS, ROLIVER P.										
4 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
5 Foreign Address										4A Zip Code	
Payor Information											
6 Taxpayer Identification Number	0 0 1	8 9 8	7 0 5	0 0 0 0							
7 Payor's Name	TANZA WATER DISTRICT										
8 Registered Address	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)										
	A. Soriano Highway, Tanza, Cavite									8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
	WC640	3,360.00	6,920.00	9,354.00	19,634.00	392.68					
Total		3,360.00	6,920.00	9,354.00	19,634.00	392.68					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total											
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p>											
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD								
Payor/Payor's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory								



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From		► 01 0 1 1 7 (MM/DD/YY)	To	► 03 31 17 (MM/DD/YY)	Payee Information		
Part I							
2 Taxpayer Identification Number		► 0 0 0 0 0 0 0 0					
3 Payee's Name		► DAYAP, JOSE CARLO B.					
4 Registered Address		► Tanza, Cavite				4A Zip Code	► [ ]
5 Foreign Address		► [ ]				5A Zip Code	► [ ]
6 Taxpayer Identification Number		► 0 0 1 8 9 8 7 0 5 0 0 0 0	Payor Information				
7 Payor's Name		► TANZA WATER DISTRICT					
8 Registered Address		► A. Soriano Highway, Tanza, Cavite				8A Zip Code	► 4 1 0 8
Details of Monthly Income Payments and Tax Withheld for the Quarter							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total		
	WC640	6,216.00	7,224.00	7,728.00	21,168.00	423.36	
Total		6,216.00	7,224.00	7,728.00	21,168.00	423.36	
Money Payments Subject to Withholding of Business Tax (Government & Private)							
Total							
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p>							
9	Payor/Payee's Authorized Representative (Signature Over Printed Name)				10	Division Manager B - ACMD	
				Title/Position of Signatory			
Conforme:							
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed			



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>04 01 17</b> (MM/DD/YY)	To <b>06 30 17</b> (MM/DD/YY)	Payee Information		
Part I						
2 Taxpayer Identification Number <b>000 000 000 000</b>						
3 Payee's Name <b>DAYAP, JOSE CARLO B.</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
6A Zip Code <b></b>						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4 1 0 8</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,048.00	6,384.00	6,384.00	18,816.00	376.32
Total		6,048.00	6,384.00	6,384.00	18,816.00	376.32
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD			
Payor/Payor's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory			
Conforme:			Date Signed			
Payee/Payee's Authorized Representative Signature Over Printed Name						



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>04 01 17</b>	(MM/DD/YY)	To <b>06 30 17</b>	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number		<b>407 607 711 000</b>				
3 Payee's Name		<b>CUSTODIO, KIA P.</b>				
4 Registered Address		Tanza, Cavite				
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number		<b>001 898 705 0000</b>				
7 Payor's Name		<b>TANZA WATER DISTRICT</b>				
8 Registered Address		A. Soriano Highway, Tanza, Cavite				
8A Zip Code <b>4 1 0 8</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,048.00	6384.00	7,728.00	20,160.00	403.20
Total		6,048.00	6,384.00	7,728.00	20,160.00	403.20
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____</p> <p>Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period		From <b>01 01 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)		
Part I Payee Information					
2 Taxpayer Identification Number	<b>407 607 711 000</b>				
3 Payee's Name	<b>CUSTODIO, KIA P.</b>				
4 Registered Address	Tanza, Cavite				
5 Foreign Address					
Payor Information					
6 Taxpayer Identification Number	<b>001 898 705 0000</b>				
7 Payor's Name	<b>TANZA WATER DISTRICT</b>				
8 Registered Address	A. Soriano Highway, Tanza, Cavite				
8A Zip Code	<b>4 1 0 8</b>				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	6,552.00	6,720.00	7,329.00	20,601.00
Total		6,552.00	6,720.00	7,329.00	20,601.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					412.02
Total					412.02
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	<i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b>		10	Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory		
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period		From ► 01   01   17 (MM/DD/YY)	To ► 03   31   17 (MM/DD/YY)	Payee Information		
Part I						
2 Taxpayer Identification Number		► 2 3 2   2 5 1   2 6 8   0 0 0				
3 Payee's Name		► CUSTODIO, CHRISTOPHER M.				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address		► Tanza, Cavite				4A Zip Code ►
5 Foreign Address		►				5A Zip Code ►
Payor Information						
6 Taxpayer Identification Number		► 0 0 1   8 9 8   7 0 5   0 0 0				
7 Payor's Name		► TANZA WATER DISTRICT				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address		► A. Soriano Highway, Tanza, Cavite				8A Zip Code ► 4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,856.00	7556.00	9,640.00	25,052.00	501.04
Total		7,856.00	7,556.00	9,640.00	25,052.00	501.04
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA	10			Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)					Title/Position of Signatory	
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period		From <b>04 01 17</b>	(MM/DD/YY)	To <b>06 31 17</b>	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number		<b>232 251 268 000</b>				
3 Payee's Name		<b>CUSTODIO, CHRISTOPHER M.</b>				
4 Registered Address		Tanza, Cavite				
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number		<b>001 898 705 0000</b>				
7 Payor's Name		<b>TANZA WATER DISTRICT</b>				
8 Registered Address		A. Soriano Highway, Tanza, Cavite				
8A Zip Code <b>4108</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	8,346.00	8546.00	9,433.00	26,325.00	526.50
<b>Total</b>		<b>8,346.00</b>	<b>8,546.00</b>	<b>9,433.00</b>	<b>26,325.00</b>	<b>526.50</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period		From <b>04 01 17</b> (MM/DD/YY)	To <b>06 30 17</b> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number <b>301 076 825 000</b>						
3 Payee's Name <b>CUSTODIO, ALEXON R.</b>						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
6 Taxpayer Identification Number <b>001 898 705 000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b>						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4108</b>						
<b>PART II</b>						
Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,960.00	7,456.00	10,410.00	25,826.00	516.52
Total		7,960.00	7,456.00	10,410.00	25,826.00	516.52
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA	Division Manager B - ACMD				
Payor/Payee's Authorized Representative (Signature Over Printed Name)				Title/Position of Signatory		
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>01 0 1 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number <b>3 0 1 0 7 6 8 2 5 0 0 0</b>						
3 Payee's Name <b>CUSTODIO, ALEXON R.</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
4A Zip Code <b></b>						
5A Zip Code <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4 1 0 8</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,974.00	7756.00	8,532.00	24,262.00	485.24
<b>Total</b>		7,974.00	7,756.00	8,532.00	24,262.00	485.24
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>m. bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

# Certificate of Creditable Tax Withheld At Source

BIR Form No

2307

March 2003 (ENCS)

1 For the Period From	04	01	17	(MM/DD/YY)	To	06	31	17	(MM/DD/YY)		
Part I Payee Information											
2 Taxpayer Identification Number	000	000	000	000							
3 Payee's Name	CRUDO, JEFFRY B.										
4 Registered Address	Tanza, Cavite									4A Zip Code	
5 Foreign Address										5A Zip Code	
Payor Information											
6 Taxpayer Identification Number	001	898	705	0000							
7 Payor's Name	TANZA WATER DISTRICT										
8 Registered Address	A. Soriano Highway, Tanza, Cavite									8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
	WC640	7,553.00	6,516.00	8,346.00	22,415.00	448.30					
Total		7,553.00	6,516.00	8,346.00	22,415.00	448.30					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total											
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.											
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD								
Payor/Payor's Authorized Representative (Signature Over Printed Name)		Title/Position of Signatory									

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period		From <span style="border: 1px solid black; padding: 2px;">01 01 17</span> (MM/DD/YY)	To <span style="border: 1px solid black; padding: 2px;">03 31 17</span> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number <span style="border: 1px solid black; padding: 2px;">000 000 000 000</span>						
3 Payee's Name <span style="border: 1px solid black; padding: 2px;">CRUDO, JEFFRY B.</span>						
4 Registered Address <span style="border: 1px solid black; padding: 2px;">Tanza, Cavite</span> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
5 Foreign Address <span style="border: 1px solid black; padding: 2px;"></span> 4A Zip Code <span style="border: 1px solid black; padding: 2px;"></span>						
6 Taxpayer Identification Number <span style="border: 1px solid black; padding: 2px;">001 898 705 0000</span> Payor Information						
7 Payor's Name <span style="border: 1px solid black; padding: 2px;">TANZA WATER DISTRICT</span> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <span style="border: 1px solid black; padding: 2px;">A. Soriano Highway, Tanza, Cavite</span> 8A Zip Code <span style="border: 1px solid black; padding: 2px;">4 1 0 8</span>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,584.00	7692.00	10,160.00	24,436.00	488.72
Total		6,584.00	7,692.00	10,160.00	24,436.00	488.72
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>m. bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed			

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period		From <b>10 0 1 17</b> (MM/DD/YY)	To <b>12 31 17</b> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number <b>163 599 853 000</b>						
3 Payee's Name <b>CESA, FELICIANA J.</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
4A Zip Code <b></b>						
5A Zip Code <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>0 0 1 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b>						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4 1 0 8</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
<b>Total</b>		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	<i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b>			10	Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)				Title/Position of Signatory		
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From ► 07   0   1   17 (MM/DD/YY)	To ► 09   31   17 (MM/DD/YY)	Payee Information		
Part I						
2 Taxpayer Identification Number		► 1 6 3   5 9 9   8 5 3   0 0 0				
3 Payee's Name		► CESA, FELICIANA J.				
4 Registered Address		► Tanza, Cavite (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
5 Foreign Address		► [Redacted]				
Payor Information						
6 Taxpayer Identification Number		► 0 0 1   8 9 8   7 0 5   0 0 0				
7 Payor's Name		► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address		► A. Soriano Highway, Tanza, Cavite 8A Zip Code ► 4 1 0 8				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p>						
9	Payor/Payor's Authorized Representative (Signature Over Printed Name)			10	Division Manager B - ACMD Title/Position of Signatory	
Conforme:			Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From ► 04 0 1 1 7 (MM/DD/YY)				To ► 06 3 1 1 7 (MM/DD/YY)						
Part I Payee Information										
2 Taxpayer Identification Number		► 1 6 3 5 9 9 8 5 3 0 0 0								
3 Payee's Name		► CES A, FELICIANA J.								
4 Registered Address		► Tanza, Cavite						4A Zip Code	► _____	
5 Foreign Address		► _____						5A Zip Code	► _____	
Payor Information										
6 Taxpayer Identification Number		► 0 0 1 8 9 8 7 0 5 0 0 0 0								
7 Payor's Name		► TANZA WATER DISTRICT								
8 Registered Address		► A. Soriano Highway, Tanza, Cavite						8A Zip Code	► 4 1 0 8	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter										
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter				
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total					
	WC640	10,080.00	10080.00	10,080.00	30,240.00	3024.00				
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00				
Money Payments Subject to Withholding of Business Tax (Government & Private)										
Total										
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p> <p>9 Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>										
Conforme:										
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed						



# Certificate of Creditable Tax Withheld At Source

1 For the Period From ► 01   01   17 (MM/DD/YY)		To ► 03   31   17 (MM/DD/YY)			
Payee Information					
2 Taxpayer Identification Number ► 163   599   853   000					
3 Payee's Name ► CESA, FELICIANA J.		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
4 Registered Address ► Tanza, Cavite		4A Zip Code ► _____			
5 Foreign Address ► _____		5A Zip Code ► _____			
Payor Information					
6 Taxpayer Identification Number ► 001   898   705   0000					
7 Payor's Name ► TANZA WATER DISTRICT		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)			
8 Registered Address ► A. Soriano Highway, Tanza, Cavite		8A Zip Code ► 4108			
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	10,080.00	10080.00	10,080.00	30,240.00
Total		10,080.00	10,080.00	10,080.00	30,240.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> MELANIE P. BOBADILLA</p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>					
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 30 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number	<b>4 0 7 1 8 9 9 7 8 0 0 0</b>					
3 Payee's Name	<b>CABITAC MICHAEL A.</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	<b>Tanza, Cavite</b>					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					
8A Zip Code	<b>4 1 0 8</b>					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	6,888.00	8,938.44	22,882.44	457.65
Total		7,056.00	6,888.00	8,938.44	22,882.44	457.65
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From		01	01	17	(MM/DD/YY)	To	03	31	17	(MM/DD/YY)	
Part I Payee Information											
2 Taxpayer Identification Number		407	189	978	000						
3 Payee's Name		CABITAC MICHAEL A.									
4 Registered Address		Tanza, Cavite								4A Zip Code	
5 Foreign Address										5A Zip Code	
Payor Information											
6 Taxpayer Identification Number		001	898	705	0000						
7 Payor's Name		TANZA WATER DISTRICT									
8 Registered Address		A. Soriano Highway, Tanza, Cavite								8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
	WC640	6,888.00	6,048.00	8,462.58	21,398.58	427.97					
Total		6,888.00	6,048.00	8,462.58	21,398.58	427.97					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total											
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> MELANIE P. BOBADILLA</p>											
9	Payor/Payee's Authorized Representative (Signature Over Printed Name)	10	Division Manager B - ACMD								
		Title/Position of Signatory									



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period		From <b>04 01 17</b> (MM/DD/YY)	To <b>06 30 17</b> (MM/DD/YY)	Payee Information		
Part I						
2 Taxpayer Identification Number		<b>000 000 000 000</b>				
3 Payee's Name		<b>BORJA, MELJUN S.</b>				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address		<b>Tanza, Cavite</b>		4A Zip Code		
5 Foreign Address				5A Zip Code		
Payor Information						
6 Taxpayer Identification Number		<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>				
7 Payor's Name		<b>TANZA WATER DISTRICT</b>				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address		<b>A. Soriano Highway, Tanza, Cavite</b>		8A Zip Code	<b>4 1 0 8</b>	
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,056.00	6,888.00	8,274.00	22,218.00	444.36
Total		7,056.00	6,888.00	8,274.00	22,218.00	444.36
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	<i>M. P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b>			10	Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory			
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed			



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period		From <b>10 01 17</b> (MM/DD/YY)	To <b>12 31 17</b> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number <b>000 000 000 000</b>						
3 Payee's Name <b>BOCALAN, TIMOTEO A. JR.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b> </b>						
4A Zip Code <b> </b>						
5A Zip Code <b> </b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4108</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Total		10,080.00	10,080.00	10,080.00	30,240.00	3,024.00
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From	0 7	0 1	1 7	(MM/DD/YY)	To	0 9	3 0	1 7	(MM/DD/YY)
Part I Payee Information									
2 Taxpayer Identification Number	0 0 0	0 0 0	0 0 0	0 0 0					
3 Payee's Name	BOCALAN, TIMOTEO A. JR.								
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
4 Registered Address	Tanza, Cavite					4A Zip Code			
5 Foreign Address						5A Zip Code			
Payor Information									
6 Taxpayer Identification Number	0 0 1	8 9 8	7 0 5	0 0 0 0					
7 Payor's Name	TANZA WATER DISTRICT								
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code	4 1 0 8		
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter									
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter			
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total				
	WC640		10080.00	5,040.00	15,120.00	2520.00			
Total		-	10,080.00	5,040.00	15,120.00	2,520.00			
Money Payments Subject to Withholding of Business Tax (Government & Private)									
Total									



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

## Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From ► 04   01   17 (MM/DD/YY)		To ► 06   31   17 (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number	► 000   000   000   000				
3 Payee's Name	► BAUTISTA, AEY S.				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address	► Tanza, Cavite				
5 Foreign Address	►				
4A Zip Code ►					
5A Zip Code ►					
Payor Information					
6 Taxpayer Identification Number	► 001   898   705   0000				
7 Payor's Name	► TANZA WATER DISTRICT				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address	► A. Soriano Highway, Tanza, Cavite				
8A Zip Code ► 4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	7,140.00	7994.00	9,840.00	24,974.00
					459.33
Total		7,140.00	7,994.00	9,840.00	24,974.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					459.33
Total					
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.					
9	MELANIE P. BOBADILLA	10 Division Manager B - ACMD			
Payor/Payor's Authorized Representative (Signature Over Printed Name)		Title/Position of Signatory			
Conforme:					
Payee/Payee's Authorized Representative Signature Over Printed Name			Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 10   0   1   17   (MM/DD/YY)		To ► 12   31   17   (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number ► 129   912   413   000						
3 Payee's Name ► BARRERA, JULIETA S. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Tanza, Cavite						
5 Foreign Address ►						
4A Zip Code ►						
5A Zip Code ►						
Payor Information						
6 Taxpayer Identification Number ► 001   898   705   0000						
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite						
8A Zip Code ► 4   1   0   8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
WC640	12,096.00	12096.00	12,096.00	36,288.00	3628.80	
Total	12,096.00	12,096.00	12,096.00	36,288.00	3,628.80	
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 MELANIE P. BOBADILLA <i>m. bobadilla</i> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme: _____ Payee/Payee's Authorized Representative Signature Over Printed Name _____ Date Signed						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From <b>07 01 17</b> (MM/DD/YY)		To <b>09 30 17</b> (MM/DD/YY)	Payee Information			
<b>Part I</b>						
2 Taxpayer Identification Number <b>129 912 413 000</b>						
3 Payee's Name <b>BARRERA, JULIETA S.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
6A Zip Code <b></b>						
7A Zip Code <b></b>						
8 Payor Information						
6 Taxpayer Identification Number <b>001 898 705 000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b> 8A Zip Code <b>4 1 0 8</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	12,096.00	12096.00	12,096.00	36,288.00	3628.80
<b>Total</b>		12,096.00	12,096.00	12,096.00	36,288.00	3,628.80
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA	10	Division Manager B - ACMD			
Payor/Payee's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory			
Conforme:			Date Signed			
Payee/Payee's Authorized Representative Signature Over Printed Name						



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 04   01   17 (MM/DD/YY)		To ► 06   30   17 (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number	► 129   912   413   000				
3 Payee's Name	► BARRERA, JULIETA S. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
4 Registered Address	► Tanza, Cavite				
5 Foreign Address	►				
Payor Information					
6 Taxpayer Identification Number	► 001   898   705   000				
7 Payor's Name	► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)				
8 Registered Address	► A. Soriano Highway, Tanza, Cavite				
8A Zip Code ► 4 1 0 8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	12,096.00	12096.00	12,096.00	36,288.00
Total		12,096.00	12,096.00	12,096.00	36,288.00
Money Payments Subject to Withholding of Business Tax (Government & Private)					
Total					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 <i>Melanie P. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 <b>Division Manager B - ACMD</b> Title/Position of Signatory</p>					
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed	



# Certificate of Creditable Tax Withheld At Source

1 For the Period From ► 01   01   17 (MM/DD/YY)		To ► 03   31   17 (MM/DD/YY)			
Part I Payee Information					
2 Taxpayer Identification Number ► 129   912   413   000					
3 Payee's Name ► BARRERA, JULIETA S. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address ► Tanza, Cavite					
5 Foreign Address ►					
4A Zip Code ►					
5A Zip Code ►					
Payor Information					
6 Taxpayer Identification Number ► 001   898   705   0000					
7 Payor's Name ► TANZA WATER DISTRICT (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address ► A. Soriano Highway, Tanza, Cavite					
8A Zip Code ► 4   1   0   8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter					
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	
	WC640	12,096.00	12096.00	12,096.00	36,288.00
					3628.80
<b>Total</b>		<b>12,096.00</b>	<b>12,096.00</b>	<b>12,096.00</b>	<b>36,288.00</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)					
<b>Total</b>					
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____ Division Manager B - ACMD Title/Position of Signatory</p> <p>Conforme: _____ Payee/Payee's Authorized Representative Signature Over Printed Name _____ Date Signed _____</p>					



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From ► 04   01   17   (MM/DD/YY)	To ► 06   31   17   (MM/DD/YY)					
Part I Payee Information						
2 Taxpayer Identification Number ► 477   836   077   000						
3 Payee's Name ► ARMIJO, DON PAULO L.	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
4 Registered Address ► Tanza, Cavite	4A Zip Code ► _____					
5 Foreign Address ► _____	5A Zip Code ► _____					
Payor Information						
6 Taxpayer Identification Number ► 001   898   705   000						
7 Payor's Name ► TANZA WATER DISTRICT	(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address ► A. Soriano Highway, Tanza, Cavite	8A Zip Code ► 4   1   0   8					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6381.90	9,544.08	22,477.98	449.56
Total		6,552.00	6,381.90	9,544.08	22,477.98	449.56
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	MELANIE P. BOBADILLA <i>melanie p. bobadilla</i>	10	Division Manager B - ACMD			
Payor/Payor's Authorized Representative (Signature Over Printed Name)			Title/Position of Signatory			
Conforme:		Payee/Payee's Authorized Representative Signature Over Printed Name		Date Signed		

# Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)

1 For the Period From <b>01 01 17</b> (MM/DD/YY)		To <b>03 31 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number	<b>4 77 8 36 077 000</b>					
3 Payee's Name	<b>ARMIJO, DON PAULO L.</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	Tanza, Cavite	4A Zip Code <b> </b>				
5 Foreign Address	5A Zip Code <b> </b>					
Payor Information						
6 Taxpayer Identification Number	<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	A. Soriano Highway, Tanza, Cavite	8A Zip Code <b>4 1 0 8</b>				
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,888.00	7,224.00	7,392.00	21,504.00	430.08
<b>Total</b>		<b>6,888.00</b>	<b>7,224.00</b>	<b>7,392.00</b>	<b>21,504.00</b>	<b>430.08</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____ Division Manager B - ACMD Title/Position of Signatory</p> <p>Conforme: _____ Payee/Payee's Authorized Representative _____ Signature Over Printed Name _____ Date Signed</p>						



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>04 01 17</b> (MM/DD/YY)	To <b>06 30 17</b> (MM/DD/YY)			
<b>Part I</b>						
Payee Information						
2 Taxpayer Identification Number	<b>000 000 000 000</b>					
3 Payee's Name	<b>ARCUSA, JOHN VIC L.</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	<b>Tanza, Cavite</b>					
5 Foreign Address						
4A Zip Code <b> </b>						
5A Zip Code <b> </b>						
Payor Information						
6 Taxpayer Identification Number	<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					
8A Zip Code <b>4 1 0 8</b>						
<b>PART II</b> Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	<b>WC640</b>	<b>5,208.00</b>	<b>6,048.00</b>	<b>7,896.00</b>	<b>19,152.00</b>	<b>383.04</b>
<b>Total</b>		<b>5,208.00</b>	<b>6,048.00</b>	<b>7,896.00</b>	<b>19,152.00</b>	<b>383.04</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>m. p. bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p><b>9</b> _____ <b>10</b> _____</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

1 For the Period		From <b>01 01 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)				
Part I							
2 Taxpayer Identification Number <b>000 000 000 000</b>							
3 Payee's Name <b>ARCUSA, JOHN VIC L.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)							
4 Registered Address <b>Tanza, Cavite</b>		4A Zip Code <b> </b>					
5 Foreign Address <b> </b>		5A Zip Code <b> </b>					
Payor Information							
6 Taxpayer Identification Number <b>001 898 705 0000</b>		7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)					
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>		8A Zip Code <b>4 1 0 8</b>					
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS			Tax Withheld For the Quarter		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter		Total	
	WC640	6,888.00	6216.00	7,392.00	20,496.00		
Total		6,888.00	6,216.00	7,392.00	20,496.00		
Money Payments Subject to Withholding of Business Tax (Government & Private)					409.92		
Total							
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. P. Bobadilla</i> <b>MELANIÉ P. BOBADILLA</b> Payor/Payee's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>							
<p>Conforme:</p> <table border="1"> <tr> <td>Payee/Payee's Authorized Representative Signature Over Printed Name</td> <td>Date Signed</td> </tr> </table>						Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed						



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period		From ► 04   01   17	(MM/DD/YY)	To ► 06   30   17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number ► 000   000   000   000						
3 Payee's Name ► ARCA, VIRGILIO T.						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address ► Tanza, Cavite						
5 Foreign Address ►						
4A Zip Code ►						
5A Zip Code ►						
Payor Information						
6 Taxpayer Identification Number ► 001   898   705   0000						
7 Payor's Name ► TANZA WATER DISTRICT						
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address ► A. Soriano Highway, Tanza, Cavite						
8A Zip Code ► 4 1 0 8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,810.00	5894.00		13,704.00	274.08
Total		7,810.00	5,894.00	-	13,704.00	274.08
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>9 _____ 10 _____</p> <p>Division Manager B - ACMD</p> <p>Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From <b>01 01 17</b> (MM/DD/YY)				To <b>03 31 17</b> (MM/DD/YY)				
Part I Payee Information								
2 Taxpayer Identification Number	<b>000 000 000 000</b>							
3 Payee's Name	<b>ARCA, VIRGILIO T.</b>							
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)								
4 Registered Address	<b>Tanza, Cavite</b>					4A Zip Code <b>  </b>		
5 Foreign Address						5A Zip Code <b>  </b>		
Payor Information								
6 Taxpayer Identification Number	<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>							
7 Payor's Name	<b>TANZA WATER DISTRICT</b>							
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)								
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					8A Zip Code <b>4 1 0 8</b>		
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter								
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter		
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total			
	WC640	8,078.00	6,902.00	9,184.74	24,164.74	483.29		
Total		8,078.00	6,902.00	9,184.74	24,164.74	483.29		
Money Payments Subject to Withholding of Business Tax (Government & Private)								
Total								
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as-amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b> 9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>								
<p>Conforme:</p> <table border="0"> <tr> <td>Payee/Payee's Authorized Representative Signature Over Printed Name</td> <td>Date Signed</td> </tr> </table>							Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed
Payee/Payee's Authorized Representative Signature Over Printed Name	Date Signed							



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period		From <b>01 01 17</b> (MM/DD/YY)	To <b>03 31 17</b> (MM/DD/YY)	Payee Information		
<b>Part I</b>						
2 Taxpayer Identification Number		<b>000 000 000 000</b>				
3 Payee's Name		<b>ARBUES, ABELARDO R.</b>				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address		<b>Tanza, Cavite</b>				
5 Foreign Address						
4A Zip Code <b> </b>						
5A Zip Code <b> </b>						
Payor Information						
6 Taxpayer Identification Number		<b>0 0 1 8 9 8 7 0 5 0 0 0 0</b>				
7 Payor's Name		<b>TANZA WATER DISTRICT</b>				
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address		<b>A. Soriano Highway, Tanza, Cavite</b>				
8A Zip Code <b>4 1 0 8</b>						
<b>PART II Details of Monthly Income Payments and Tax Withheld for the Quarter</b>						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	7,140.00	7586.04	7,896.00	22,622.04	452.44
Total		7,140.00	7,586.04	7,896.00	22,622.04	452.44
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i></p> <p><b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



# Certificate of Creditable Tax Withheld At Source

**2307**

March 2003 (ENCS)

1 For the Period From	04 01 17	(MM/DD/YY)	To	06 30 17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number	000 000 000 000					
3 Payee's Name	ARBUES, ABELARDO R.					
4 Registered Address	Tanza, Cavite					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	001 898 705 0000					
7 Payor's Name	TANZA WATER DISTRICT					
8 Registered Address	A. Soriano Highway, Tanza, Cavite					
8A Zip Code 4 1 0 8						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,552.00	6,888.00	8,736.00	22,176.00	443.52
Total		6,552.00	6,888.00	8,736.00	22,176.00	443.52
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 MELANIÉ P. BOBADILLA Payor/Payee's Authorized Representative (Signature Over Printed Name) _____</p> <p>10 Division Manager B - ACMD Title/Position of Signatory _____</p>						
<p>Conforme:</p> <p>Payee/Payee's Authorized Representative Signature Over Printed Name _____ Date Signed _____</p>						



# Certificate of Creditable Tax Withheld At Source

1 For the Period From <b>04 01 17</b> (MM/DD/YY)		To <b>06 30 17</b> (MM/DD/YY)				
Part I Payee Information						
2 Taxpayer Identification Number	<b>269 897 531 000</b>					
3 Payee's Name	<b>ARARACAP, ERNEST MARION F.</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	<b>Tanza, Cavite</b>					
5 Foreign Address						
Payor Information						
6 Taxpayer Identification Number	<b>001 898 705 0000</b>					
7 Payor's Name	<b>TANZA WATER DISTRICT</b>					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	<b>A. Soriano Highway, Tanza, Cavite</b>					
8A Zip Code <b>4 1 0 8</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,216.00	6,048.00	7,056.00	19,320.00	386.40
<b>Total</b>		<b>6,216.00</b>	<b>6,048.00</b>	<b>7,056.00</b>	<b>19,320.00</b>	<b>386.40</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p><i>M. Bobadilla</i> <b>MELANIE P. BOBADILLA</b></p> <p>9 Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD</p> <p>10 Title/Position of Signatory</p>						
<p>Conforme:</p> <p>Payee/Payee's Authorized Representative Signature Over Printed Name</p> <p>Date Signed</p>						



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan nq Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

**2307**

March 2003 (ENCS)

1 For the Period From <b>04 01 17</b> (MM/DD/YY)				To <b>06 30 17</b> (MM/DD/YY)	Payee Information	
Part I						
2 Taxpayer Identification Number <b>463 278 664 000</b>						
3 Payee's Name <b>ABAD, REYNALDO SR. E.</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address <b>Tanza, Cavite</b>						
5 Foreign Address <b></b>						
4A Zip Code <b></b>						
5A Zip Code <b></b>						
Payor Information						
6 Taxpayer Identification Number <b>001 898 705 0000</b>						
7 Payor's Name <b>TANZA WATER DISTRICT</b> (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address <b>A. Soriano Highway, Tanza, Cavite</b>						
8A Zip Code <b>4108</b>						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,846.00	7,887.18	9,552.27	24,285.45	485.71
<b>Total</b>		<b>6,846.00</b>	<b>7,887.18</b>	<b>9,552.27</b>	<b>24,285.45</b>	<b>485.71</b>
Money Payments Subject to Withholding of Business Tax (Government & Private)						
<b>Total</b>						
We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.						
9	<i>MELANIE P. BOBADILLA</i> <b>MELANIE P. BOBADILLA</b>			10	Division Manager B - ACMD	
Payor/Payor's Authorized Representative (Signature Over Printed Name)				Title/Position of Signatory		
Conforme:						
Payee/Payee's Authorized Representative (Signature Over Printed Name)				Date Signed		



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

March 2003 (ENCS)

1 For the Period From	01 01 17	(MM/DD/YY)	To	03 31 17	(MM/DD/YY)	
Part I Payee Information						
2 Taxpayer Identification Number	4 6 3 2 7 6 6 6 4 0 0 0					
3 Payee's Name	ABAD, REYNALDO SR. E.					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
4 Registered Address	Tanza, Cavite					4A Zip Code
5 Foreign Address						5A Zip Code
Payor Information						
6 Taxpayer Identification Number	0 0 1 8 9 8 7 0 5 0 0 0 0					
7 Payor's Name	TANZA WATER DISTRICT					
(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)						
8 Registered Address	A. Soriano Highway, Tanza, Cavite					8A Zip Code
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter						
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
	WC640	6,888.00	6348.00	8,736.00	21,972.00	440.16
Total		6,888.00	6,348.00	8,736.00	21,972.00	440.16
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.</p> <p>9 MELANIE P. BOBADILLA Payor/Payor's Authorized Representative (Signature Over Printed Name)</p> <p>10 Division Manager B - ACMD Title/Position of Signatory</p>						
Conforme:						
Payee/Payee's Authorized Representative Signature Over Printed Name				Date Signed		



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.  
**2307**  
March 2003 (ENCS)



**Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas**

## Certificate of Creditable Tax Withheld At Source

BIR Form No.

2307

March 2003 (ENCS)

1 For the Period From		0 1	0 1	1 7	(MM/DD/YY)	To	0 3	3 1	1 7	(MM/DD/YY)	
Part I Payee Information											
2 Taxpayer Identification Number		0 0 0	0 0 0	0 0 0	0 0 0						
3 Payee's Name		ABAD, ARIEL U.									
4 Registered Address		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
5 Foreign Address										4A Zip Code	
										5A Zip Code	
Payor Information											
6 Taxpayer Identification Number		0 0 1	8 9 8	7 0 5	0 0 0 0						
7 Payor's Name		TANZA WATER DISTRICT									
8 Registered Address		(Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)									
		A. Soriano Highway, Tanza, Cavite								8A Zip Code	4 1 0 8
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter											
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter					
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total						
	WC640	7,256.00	8596.00	10,022.00	25,874.00	517.48					
Total		7,256.00	8,596.00	10,022.00	25,874.00	517.48					
Money Payments Subject to Withholding of Business Tax (Government & Private)											
Total											

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

9

MELANIE P. BOBADILLA

**Payor/Payor's Authorized Representative  
(Signature Over Printed Name)**

10

Division Manager B - ACMD

**Title/Position of Signatory**

**Conforme:**

**Payee/Payee's Authorized Representative  
Signature Over Printed Name**

Date Signed

**Payee/Payee's Authorized Representative** \_\_\_\_\_ **Date Signed** \_\_\_\_\_